



Last Updated: 03/09/2022

Update to the Home Health Provider Manual and New Prior Authorization Contractor Effective June 5, 2006

The purpose of this memorandum is to provide information regarding changes to the preauthorization (PA) process for Home Health Services and to provide an explanation of the resulting updates to the Home Health Provider Manual. Effective Monday, June 5, 2006, KePRO, DMAS' new PA Contractor, will accept PA requests for Home Health services. These changes in the prior authorization process do not apply to drugs on the Preferred Drug List (PDL) or to Medicaid contracted managed care organizations. These services will continue through the current vendors.

KePRO IS THE NEW DMAS PA CONTRACTOR

As indicated in the March, 20, 2006 Medicaid Memorandum, DMAS has contracted with KePRO, an innovative healthcare management solution company, to conduct PA for Medicaid, Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus clients in the fee-for- service programs. KePRO was awarded the PA contract through the competitive bidding process based upon their ability to implement interactive web-based technology (iExchange) and to move the PA submission process from a primarily fax and paper-based process to a speedier, provider-friendly paperless process that the Department believes will reduce providers' administrative burden. KePRO will also maintain a process for providers who prefer to use a traditional paper based system, *i.e.* fax, mail, or telephone. As a result of the new contract, DMAS will be implementing changes to its PA procedures.

CHANGES RELATED TO HOME HEALTH SERVICES

WVMI will continue to process all Home Health pre-authorization requests with a date of receipt up to and including, June 4, 2006. Effective on and after Monday, June 5, 2006, KePRO will accept PA requests for Home Health services. Additionally, KePRO will use InterQual ISX criteria, a McKesson Health Solutions, LLC product when making medical necessity



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determinations at the non-physician review level. Supplemental criteria will be used where InterQual does not specifically meet DMAS' Home Health criteria. Refer to the new Preauthorization Appendix D of the Home Health Provider Manual for specific information regarding prior authorization submission procedures. To better serve you, KePRO will be operating with expanded hours of operation, from 8:00 a.m. to 7:00 p.m., Monday through Friday, EST (except on some state holidays).

Training will be provided by KePRO via webcasts on May 12th at 1:00 p.m. If you are interested in participating in the Home Health WebEx training, please send an e-mail to: PAUR06@dmas.virginia.gov. Instructions will be sent back to you prior to the training.

KePRO CONTACT INFORMATION

KePRO will accept requests for PA via iExchange (direct data entry through the web), fax, mail, or phone. The preferred method of submission for requesting PA is through iExchange.

To submit requests via iExchange, log on to DMAS.KePRO.org and register for a provider web account. You must have a provider web account before submitting information through iExchange. To register for a web account, you must know your Medicaid provider number and tax identification number.

on and after June 5, 2006 via phone, fax, or mail to: KePRO

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 497-1333

Fax: 1-877-OKBYFAX (1-877-652-9329)

2810 N. Parham Road, Suite 305

Richmond, VA 23294

PA REQUEST FORM

Attached to this memorandum is the Outpatient Prior Authorization Request form for paper and fax PA submissions. This form and its instructions identify critical information to process all types of Home Health Services PA requests (i.e., whether received by web, fax, phone, or paper).



CHANGES TO THE HOME HEALTH PROVIDER MANUAL

The attached table shows the changes to the manual. Please download and insert the new pages in your manual and retain the attached table. The changes described in this Memorandum are effective **June 5, 2006**. The most notable changes include: (1) revisions to Chapter IV and (2) a Preauthorization Appendix D has been added.

UTILIZATION REVIEW AND CONTROL

Under the provisions of federal regulations, the Medical Assistance Program must provide for continuing review and evaluation of the care and services paid through Medicaid, including review of utilization of the services by providers and by recipients. Revisions to the prior authorization submission process do not relieve participating providers from program integrity standards as described in Chapters IV and VI of the Home Health Provider Manual.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.



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“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will



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include changes in claims processing, common

problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.